



# PROVIDER ORIENTATION

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OTTAWA TRIBE  
13 S. 69A  
MIAMI, OK 74354  
PHONE: 918-540-1536  
FAX: 918-542-3214

DATE: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

SIGNATURE OF FACILITY DIRECTOR: \_\_\_\_\_

BACKGROUND CHECK/DATE: \_\_\_\_\_ LICENSED BY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CERTIFICATION/ACCREDITATION: \_\_\_\_\_

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MAILING ADDRESS: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## 1. OTTAWA TRIBE / PROVIDER RELATIONSHIP

- A. Within 30 days of client's acceptance into the CCDF program the Child Care Director, or his/her staff member, will go to the Day Care site chosen by the client. He/she will inspect site, answer any questions, and register the facility. At this meeting the PROVIDER will be furnished with claim forms and a briefing on Policies.
- B. The PROVIDER is not an employee of the Ottawa Tribe. They are considered an independent vendor. No taxes are withheld from their payments. They are not eligible for unemployment, social security, workman's compensation, or medical insurance.
- C. The PROVIDER will not receive a W-2 form at the end of the year. The PROVIDER will receive a form 1099 Miscellaneous Income Form if they receive more than \$600 worth of child care payments. As an independent vendor, the PROVIDER is responsible for federal and state taxes.

**2. RESPONSIBILITIES OF THE PROVIDER**

- A. Children must be supervised by the PROVIDER at all times.
- B. Parents must be working or attending school to claim.
- C. Notify the Child Care Office of any changes in status of our clients.

**3. RESPONSIBILITIES OF THE PARENT**

- A. Notify the Child Care Office of any changes that might effect their eligibility.
- B. Recertify for continued assistance.
- C. Promptly make co-payments to providers.
- D. Parents who leave children longer than the approved time will be held responsible for hourly compensation to the Provider.

**4. RECORD KEEPING GUIDELINES**

- A. Payment Policy: Approval Notice, Claim Forms
- B. Payment rates: Part-time (4 hrs. and less); Full-time (more than 4 hrs. up to 10). On a case-by-case basis there may be special circumstances, which would allow assistance for extended hours.
- C. Processing time is 30 days from receipt of properly filled out claim. Holidays may extend processing time.
- D. Both signatures must be on claim forms.
- E. ATTENTION: Child Care Department, for prompt delivery.
- F. Properly completed claim forms that are in the Child Care Office by the 5<sup>th</sup> day of the month will be issued a check by the 15<sup>th</sup>, barring unforeseen circumstances.

**5. HEALTH AND SAFETY REQUIREMENTS – We follow State and Tribal Standards.**

**6. MONITORING VISITS – PERIODIC VISITS WILL BE DONE.**

- A. Every effort will be made to visit within 30 days of registration (if within 50 miles of office).
- B. Approximately six months after initial visit (more frequently if required).
- C. Visits will be made during the time children are in care.
- D. Health and safety equipment available: smoke alarms, fire extinguishers, first aid kits, outlet covers.

**7. TRAINING**

- A. Eligible to attend DHS sponsored training.
- B. Eligible to attend training sponsored by Ottawa Child Care and Development Dept.
- C. Training information is available through the Child Care Department.
- D. The Child Care Director will assist with information, consultation and technical assistance.

**8. Facility OWNER has authorized the following individual(s) to sign the Ottawa Tribe of Oklahoma's Child Care Claim Form.**

\_\_\_\_\_  
Facility Owner (if different than Director)

\_\_\_\_\_  
SSN/EIN

\_\_\_\_\_  
Signature: Authorized Individual

\_\_\_\_\_  
Signature: Authorized Individual